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Title 48

HEALTH AND HOSPITALS

Part III. Mental Health Services

Chapter 1. General Provisions

§101. Purpose and Philosophy of Office of Mental Health (OMH)

A. The statutory functions of the Office of Mental Health (OMH) is the prevention, treatment, rehabilitation and follow-up care of mental and emotional illness in Louisiana. The treatment philosophy of OMH is based on the premise that each individual is unique and worthy of special attention. OMH services are available to all persons determined to be in need of service, regardless of age, sex, race, ethnic background and ability to pay. The comprehensive array of OMH services includes: crisis care; clinical outpatient services; community support services; inpatient services; pharmacy services; and prevention services/consultation and education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:1-311.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

Chapter 3. Client Services

§301. Screening and Admission

A. The director of a mental health treatment facility or his/her representative shall screen or examine systematically in order to determine whether or not mental health services are indeed in the best interest of the applicants for services and, if they are needed, where they might best be obtained. All mental health treatment facilities shall have defined admission criteria. Each facility shall have established procedures for reviewing all applicants for services to determine whether they meet the facility's defined admission criteria. All persons who meet admission criteria are eligible for services and will be provided services in accordance with priorities established by the Office of Mental Health headquarters and individual facilities. If admission to a mental health treatment facility is indicated, appropriate recommendations will be made.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:50-64.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§303. Hospital and Regional Overflow (Waiting List) Procedures

A. Hospitals will maintain their own waiting lists and will work with neighboring hospitals to place those for whom no bed is available at the initial facility.

B. A waiting list for inpatient treatment will be maintained by a designee of each regional director, and by the director of Orleans Inmate Treatment Service (OITS).

C. The person responsible for maintaining the regional or OITS waiting list will also assure that during the waiting period, the appropriate mental health clinic within the region maintains contact with the individual waiting or with those responsible for care of that individual during the waiting period and offers the most appropriate alternative treatment available through the center.

D. Center and hospital physicians will work cooperatively in assigning priority need to individuals who are waiting, based on the guidelines given below. Final decision regarding priority for admission shall rest with the hospital. Guidelines for assigning priority for admission are delineated as follows.

1. Priority for hospital admission should include consideration of the severity of clinical need, including the assessment of dangerousness to self and others; legal status; and availability and adequacy of supports for the patient as well as the availability and appropriateness of alternate forms of treatment.

2. Generally, top priority shall be given for admissions of persons who are medically assessed to be in current serious (life threatening) danger to self or others due to mental illness and who lack minimum supportive individuals and/or environment, and who also lack adequate access to outpatient and/or day treatment services due to any reason.

3. A high priority shall also be given to persons being held in jails and awaiting transfer to inpatient psychiatric services when medical assessment indicates that the state criteria for admission have been met by the individual.

E. The regional or OITS designee will notify hospitals immediately when an individual's circumstances or illness no longer require retention on the waiting list. Hospitals will notify the regional designee of all placements and bed offers declined, so that an accurate count of those waiting can be maintained.

F. On a monthly basis, the regional designee will prepare and submit to the Office of Mental Health (OMH) headquarters to the attention of the Information Service Division, the OMH Inpatient Waiting Census Report (See Appendix A). The report will be made for the calendar month and will be submitted no later than the third working day of the following month.

G. Hospital admission offices will retain all essential information over weekends, holidays, and evening hours,

and update the waiting list with each region in their service area at the first opportunity on the next regular work day.

H. Hospitals will maintain a waiting list of persons awaiting services from the areas administratively designated by the Office of Mental Health.

1. By mutual agreement, hospitals may transfer persons to the waiting list of another hospital. If a person is initially referred to a hospital outside the assigned service area, and the individual must be placed on the waiting list, the appropriate hospital (within the person's service area) shall be notified and shall carry the name on their waiting list unless otherwise agreed.

2. If a hospital agrees to carry a person who is located outside its service area on its waiting list, that hospital assumes responsibility for maintaining contacts and reports to the appropriate regional or OITS designee as spelled out above.

I. Procedures for admission and maintenance of waiting lists by Feliciana Forensic Facility and outpatient services are unchanged.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:258.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§305. Policy, Rules, and Fee Scale for Outpatient Programs Operated by the Office of Mental Health

The Department of Health and Human Resources (DHHR), Office of Mental Health (OMH), has adopted uniform policies, rules, and fee scales for outpatient centers and clinics of the Office of Mental Health. Fees will be based on cost and adjusted according to the ability of the recipient to pay.

A. Fee Policy

1. All persons seen for services at an OMH center or clinic shall be assessed a fee for each chargeable service. Chargeable services are those defined as chargeable under Medicaid, regardless of the source of payment. These services are listed in Table 1. The unadjusted fee for each service shall be equivalent to the cost of service computed for reimbursement under Medicaid.

Table 1. Chargeable Services as Defined for Medicaid Reimbursement	
Code	Service
00071	Psychosocial evaluation
00072	Psychiatric evaluation
00073	Psychological evaluation
00074	Physical evaluation
00075	Other evaluation assessment service
00076	Individual counseling/therapy
00077	Group counseling/therapy
00078	Family/group counseling/therapy
00079	Medication management
00080	Medication injection
00081	Occupational therapy

Table 1. Chargeable Services as Defined for Medicaid Reimbursement	
Code	Service
00082	Recreational therapy
00083	Music therapy
00084	Art therapy

2. All patients whose gross family income is above the minimum indicated on the fee adjustment schedule shall pay a fee for each service provided. Fees and adjustments to fees are to be established by the fee clerk at the time the patient is first admitted to the facility. It is the responsibility of the patient and/or his legally responsible family to justify any adjustment to the full fee authorized under this policy. The patient or family will be asked to present reasonable proof of income before any adjustment to the full fee will be made by the fee clerk. Appropriate center or clinic staff will assist the patient and family in verifying eligibility for a fee adjustment. There shall be adequate documentation of the information used in adjusting any fee. Such documentation shall be signed by the fee clerk who verifies the information and sets the adjusted fee. The full fee, and/ or the adjusted fee, shall be posted on the patient's ledger card and noted in the patient's permanent record.

3. Patients shall be charged a fee for each service, regardless of which service is provided, in the same manner in which Medicaid is charged. No fee shall be charged for failed or cancelled appointments.

4. All patients shall be asked to pay their fees at the time of service delivery. However, when patients do not pay at the time of the visit, they shall be billed on a regular basis, preferably monthly, but no less frequently than quarterly.

B. Fee Adjustment Schedule

1. The fee adjustment schedule is designed to provide for proportional payment for each service based on the family's ability to pay. Three variable figures are utilized in calculating the schedule:

a. state median income as promulgated annually by the Secretary of the United States Department of Health, Education and Welfare;

b. family size;

c. cost of service provided [for purposes of this scale the cost of service provided will be that figure currently agreed upon between OMH and the Office of Family Security (OFS) as the cost to be reimbursed under the Medicaid program].

2. The fee adjustment schedule will be calculated by OMH based on current state median income each time OMH and OFS adjust the figure for cost reimbursement under the Medicaid program.

3. Persons whose gross family income is less than one-half the current state median income adjusted for family size will not be responsible for payment of services. Persons whose gross family income is more than 150 percent of the current state median income adjusted for family size will be charged the full cost of services provided. Between these

two levels, fees will be adjusted in accordance with the following formula.

Gross Family Income as a Percent of Median Income	
Adjusted for Family Size	Fee as a Percent of Cost
50-55%	4% of cost
55-60%	8%
60-65%	12%
65%	16%
70%	20%
75%	25%
80%	30%
85%	35%
90%	40%
95%	45%
100%	50%
105%	55%
115%	60%
120%	65%
125%	70%
130%	75%
135%	80%
140%	85%
145%	90%
150%	100%

4. Adjustment of median income for family size shall be computed in accordance with the following formula.

Family Size	% of Median Income for a Family of Four
1	52%
2	68%
3	84%
4	100%
5	116%
6	132%
7, or more	148%

5. In computing each modification of the scale, the OMH will round actual fees to the nearest quarter dollar. Fee adjustment schedules will be computed annually by the central office based on current cost and distributed to the facilities.

C. Changes in Fees

1. The patient is to be informed that the fee clerk should be notified of any change which may later occur in income, employment, or family composition which might result in a change in the adjusted fee. The fee clerk shall also conduct a periodic check (no less frequently than annually) with each patient to determine any change in factors including cost changes which would cause change in the fee and adjusted fee. The staff member assigned to the case is also responsible for notifying the fee clerk of such changes as they occur. The fee clerk is authorized to adjust the fee appropriately in accordance with the fee adjustment schedule. The facility administrator is ultimately responsible for assuring that adjusted fees are current and correct.

2. No fees may be waived or reduced beyond the fee adjustment scale without the express approval of the facility administrator who must document the reason for change in

the patient chart. When waiver or reduction is made, the administrator must sign and date such authorization in the case record and in addition must note and initial the adjusted fee on the ledger card.

3. Examples of acceptable justifications for waiving or reducing a fee include:

- a. excessive expense due to other medical costs;
- b. family hardship resulting in unusual and unexpected expenses; or
- c. more than 20 chargeable services are required by the family unit during any month.

D. Medication

1. All Medicaid patients are to be provided their medication. Any patient whose adjusted fee is 15 percent or less of the full cost may also be considered eligible to receive medication from the center or clinic. The facility administrator may authorize provision of medication for other patients on presentation of evidence that cost of medication ordered by center physicians will present a serious hardship and exceed 3 percent of family's gross income. Documentation of such exceptions and their justification shall be made in the patient's chart and signed by the administrator. This should be reviewed in 90 days or whenever the amount of medication prescribed is reduced appreciably. It will be the responsibility of the physician and nurse reviewing medication orders to so notify the administrator.

E. Failure to Pay Fees

1. No person shall be denied service because of ability or inability to pay. However, when a patient becomes delinquent in his account, the delinquency shall be handled in accordance with DHHR policy on collections. Whenever possible, center or clinic staff shall make an effort to negotiate a plan of payment prior to referring the account to the Bureau of Central Collections. Any negotiated plan of payment shall be approved by the center or clinic administrator and OMH fiscal office.

F. Definitions

Dependent—As used herein, means all persons dependent on the household income as accepted by the Internal Revenue Service (IRS) for federal income tax purpose. In the case of a minor not claimed as a dependent for income tax purposes, the parents are still responsible for a contribution based on the fee schedule but may increase the dependent deductions by the client(s) in question.

Family—For purposes of establishing fees under the procedures, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage or adoption, and residing in the same household. Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax reporting purposes. Children living with non-legally responsible relative, emancipated minors, and

children living under the care of unrelated persons will be considered a member of the family. Minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

Gross Income—The monthly sum of income received from sources identified by the U. S. Census Bureau in computing the median income and defined in the *Code of Federal Regulations*, Volume 45, Section 228.66.

Responsible Persons—As used herein, the client's parents or guardians if the client is under the age of 18, unless someone else claims the client as a dependent for federal income tax purposes, in which case it is that person. If the client is over 18, he is responsible for his contribution based on his gross family income and allowed deductions, unless he is claimed as a dependent for income tax purposes, in which case the claimant becomes responsible for the fee toward the cost of care based on the claimant's family income.

G. General Regulations

1. Documentation of Income. This shall include federal and state income tax reports, Medicaid eligibility records, W-2 forms and employers' statements.

2. Failure to Provide Information. A person responsible for the payment of charges for services rendered who refuses to supply the information necessary for an accurate determination of the required rate of charges for services rendered shall be presumed to be able to pay the full cost of services rendered and shall be billed accordingly. Any person who is potentially eligible for medical assistance benefits from any federal or state program who refuses to apply for and follow through with application for said benefits shall be presumed to be able to pay the full cost of services rendered and shall be billed accordingly.

3. Insurance. An insurance company that the responsible party alleges has issued a policy or contract covering the charges for treatment and services rendered shall be billed the full cost of services rendered. Billings shall be made directly to the insured by the treating facility after securing execution of the forms necessary, including an assignment of benefits to the treatment facility, by the responsible person. The responsible party shall be billed in accordance with the applicable fee schedule up to the amount of charges not covered and paid by insurance. If the responsible person refuses to execute the forms necessary to assign the benefits under the policy alleged by him to cover the charges for treatment and services rendered and the forms necessary to file an insurance claim in accordance with the policy, that responsible party shall be presumed to be able to pay at the full cost of services rendered and shall be billed accordingly.

4. Collections. If the payment agreement is not kept, 15 days after the due date, a notice is to be mailed reminding the responsible party that payment was not received when due. If results have not been received within 15 days after

the first notice was mailed, a second notice is to be sent. If results have not been received within 15 days after the second notice was mailed, a third notice is to be mailed advising the patient that his account will be referred to Central Collections for collection if payment is not received within 15 days. If payment has not been received 15 days after the third notice was mailed, the account is to be referred to Central Collections for collection. At the time account is referred to Central Collections, the following documents and information should be sent:

- a. all demographic information accumulated (intake interview sheet);
- b. copy of signed agreement;
- c. copy of itemized bill;
- d. copy of patient's ledger.

5. Only accounts in excess of \$25 will be referred to Central Collections for handling. The admitting facility will make every effort to collect the \$25 or less accounts. Only the director of a facility or his designee may charge off an account in the amount of \$25 or less. If the account is in excess of \$25, the request for charge off must be submitted through the Central Collections Section for approval by the Office of Management and Finance. Any request for adjustments in fees which deviate from the uniform fee schedule must be submitted to the undersecretary or his designee for review and decision. All collections received by agency, or institution after assignment of account to Central Collections will be deposited directly to the State Treasurer's Office through the regional bank and a list of all payments, giving patient name and amount paid, will be mailed to Central Collections on a weekly basis. Accounts will be referred to Central Collections when an insurance company refuses to pay a bill for any reason which is not clearly valid. Upon receipt of an account, Central Collections will send a series of collection letters and make telephone contacts with individuals regarding payments. If account is not brought current within 60 days or a satisfactory payment schedule arranged, the account will be assigned to an attorney for collection or charged off as a bad debt if total outstanding balance is less than \$100.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:144.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§307. Confidentiality

A. The Office of Mental Health, in order to protect, to the fullest extent possible, the privacy of individuals, while permitting the disclosure of medical information as is required to fulfill the administrative responsibilities of the Office of Mental Health and to assist the patient, strictly adheres to the rules of the Department of Health and Human Resources in this matter except in those instances when mental health treatment facilities are governed by federal regulations which provide stricter standards of confidentiality. In those instances, these rules shall be

deemed superseded by the federal regulations to the extent that they are in conflict with the federal regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 44:7.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:247 (April 1987).

§309. Patient and Consumer Complaint Policy and Procedures

A. Policy Statement. It is the policy of the Office of Mental Health to promote and protect the rights of patients consistent with a concern for human dignity, respect, and quality care; to respond promptly and effectively to consumer concerns, inquiries, and complaints; and to promote and evaluate consumer satisfaction with services provided.

B. Definitions

Agency Office of Mental Health.

Assistant Secretary The Assistant Secretary of the Office of Mental Health.

Chief Executive Officer The manager of an inpatient facility.

Complaint Verbal or written expression of concern or statement challenging patient care, behavior, action or inaction on the part of the facility staff and/or facility, an allegation of a rights violation, or an expression of dissatisfaction with services which requires further action. This may include dissatisfaction with departmental or agency policy.

Complainant An individual who expresses dissatisfaction.

Consumer Patient; parent, friend, relative, or guardian of a patient; advocacy group; or other interested citizen and/or agency.

Facility Any inpatient or outpatient structure under the management or through contract with the Office of Mental Health.

Designee An individual who has been designated the responsibility to resolve patient and consumer complaints by the chief executive officer or facility manager who reports directly to the chief executive officer or facility manager.

Facility Administrator Chief executive officer, facility manager, or executive administrator, as applicable.

Mental Health Advocate An attorney from the Office of the Governor, Mental Health Advocacy Service, who is either housed or rotates to a facility.

Regional Office The administrative unit that has the responsibility for managing the service delivery system with an assigned geographic area consistent with agency policies.

State Office The executive office of the agency where the assistant secretary and his staff is located.

C. Process of Resolution

1. The employee who is initially made aware of a complaint should attempt a resolution and advise supervisor of action.

2. The facility administrator or his designee shall discuss the nature of the concern with the complainant. If it is determined that the complaint requires further formal action, a complaint form (see Appendix B) will be completed which describes the situation in detail. The form shall be signed by both the complainant and the facility administrator.

3. The facility administrator or his designee will take whatever action is appropriate: investigative; corrective; or educational.

4. The complainant will be requested to acknowledge in writing his/her satisfaction or dissatisfaction with the resolution.

5. If the complainant is satisfied, the record will be closed and filed at the facility for future reference. All records shall be confidential.

6. If a resolution is not reached at the facility level, a copy of all compiled information shall be forwarded to the regional manager who will address the problem by repeating Steps 2 through 5. (Inpatient facilities will proceed to Step 7.)

7. If, at this point, there is no resolution, all information shall be forwarded to the assistant secretary of the Office of Mental Health.

D. Reporting Mechanisms and Documentation. Reporting and documentation requires time and attention, but it is necessary to ensure accountability for promoting the rights of patients. Each facility is to establish documentation and reporting mechanisms which provide for:

1. **Inquiry/Complaint Logging** (see Appendix B). Every contact with a complainant or client which will require formal action shall be recorded on a log. Administrator/designee shall complete the date and name of the person contacted. A check mark is to be used to indicate if the contact represents a complaint or inquiry. The administrator/designee shall summarize in a few words the nature of the complaint or inquiry. If a complaint has been made, the administrator/designee records the complaint record number (CR#) after the complaint record form is completed.

2. **Complaint Record Form** (see Appendix C). A complaint record form shall be completed for all complaints requiring formal action. If a number of clients complain about the same condition or situation, only one form needs to be completed, but the number of clients affected shall be noted under "nature of the complaint." A number is assigned to the form, and these forms are filed by month.

3. **Progress Report Form** (See Appendix D). A progress report form shall be completed on every complaint

which represents a major risk to a patient or which remains unsolved after 30 days. Additional progress reports are to be completed every 30 days after the initial report until the final progress report which reflects resolution of the complaint. Progress reports should be attached to the appropriate complaint record and filed accordingly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:171.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§311. Restraint and Seclusion

It is the policy of the Office of Mental Health (OMH) that restraint and seclusion shall only be used to prevent a patient from injuring self or others, or to prevent serious disruption of the therapeutic environment. These may not be used as punishment, discipline or convenience to staff.

A. Process

1. Restraint or seclusion shall only be used when verbal intervention or less restrictive measures fail. Use of restraint or seclusion shall require documentation in the patient's record of the clinical justification for such use as well as the inadequacy of the less restrictive intervention techniques.

2. A written order from a physician is required for any use of restraint or seclusion.

3. In a non-emergency situation, the physician shall conduct a clinical assessment of the patient before writing the order for use of restraint or seclusion.

4. In an emergency, nursing personnel who have been trained in management of disturbed behavior may utilize restraint or seclusion. Nursing personnel shall then immediately notify the nursing supervisor who will observe and assess the patient. The nursing supervisor will then notify the physician and obtain an order. The physician will, as soon as possible, and, in no instance more than one hour after initiation, conduct a clinical assessment of the patient and give a written order.

5. Written orders for the use of restraint or seclusion shall be time limited and preferably not more than four hours in duration. In no instance shall it exceed 12 hours without a new order. If restraint or seclusion is utilized for longer than 24 hours, written approval of the head of the professional staff shall be required.

6. Staff who implement written orders for restraint or seclusion shall have documented training in the proper use of the procedure for which the order was written.

7. The registered nurse shall assign a responsible person for continuous monitoring and care of the patient. A patient in restraint or seclusion shall be evaluated every 15 minutes, especially in regard to regular meals, bathing, and use of the toilet, and appropriate documentation shall be entered in the patient's record. Blood pressure, pulse, and respiration shall be taken and recorded at least once per shift.

If the responsible person is unable to obtain said vital signs, the reason(s) shall be documented.

8. Patients are to be taken out of restraint or seclusion as soon as it is determined that the reasons for this no longer exists, i.e., patient is in control and no longer dangerous to self or others or severely disruptive to the therapeutic environment.

9. PRN (as needed) orders shall not be used to authorize the use of restraint or seclusion. Locked door seclusion is not to be used with any Gary W. clients. All uses of restraint or seclusion (summarizing types used, duration, and reasons) shall be reported daily to the head of the professional staff who shall review and investigate any unusual or possibly unwarranted patterns of utilization. A copy of this report shall also be sent to the superintendent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:171.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

Chapter 5. Standards for Community Mental Health

Subchapter A. Centers and Clinics

§501. Governing Body and Management

A. General

1. The governing body of a community mental health center (other than centers operated by governmental agencies) shall, where practicable, be composed of individuals who reside in the centers' catchment area and who, as a group, represent the residents of that area taking into consideration their employment, age, sex and place of residence, and other demographic characteristics of the area. The board shall meet at least once a month. At least one-half of the members of the board shall be individuals who are not providers of health care.

2. In the case of a community mental health center operated by a governmental agency and not otherwise required by federal law or regulation, the agency director may be designated to assume the authority, role, and responsibility of the governing body. However, in such cases, there shall be an advisory board or committee to advise the director with respect to operations of the center. The advisory board or committee shall be composed of individuals who reside in the centers' catchment area, who are representative of the residents of the area as to employment, age, sex, place of residence, and other demographic characteristics, and at least one-half of whom are not providers of health care.

3. The governing body shall provide written documentation of its source of authority.

4. The governing body of a community mental health clinic shall be the same as the governing body of its parent center, and shall meet the requirements described for center governing bodies.

B. Responsibilities of the Governing Body

1. The governing body shall establish overall policy of the center (including a schedule of hours during which services will be provided), approve the centers' annual budget, and approve selection of a director for the center.

2. In addition, the governing body shall be responsible for:

- a. overall operation of the center;
- b. the adequacy and quality of patient care;
- c. the financial solvency of the center and the appropriate use of its funds; and
- d. the implementation of the standards set forth in this document through establishment of clear, written policy, rules and regulations.

3. The governing body shall assure that the center is in compliance with all federal, state, and local laws and regulations, and appropriate staff shall review and act promptly upon reports of authorized inspecting agencies.

C. Chief Executive Officer

1. The governing body shall appoint a chief executive officer or officers, whose qualifications, authority, and duties shall be defined in writing. Where more than one individual has direct administrative authority the administrative relationships, authority, and responsibilities shall be clearly delineated.

2. The chief executive officer shall be a psychiatrist or other physician, psychologist, nurse, social worker, or public health administrator with at least a master's degree in health, mental health, or an allied vocational field. If the director is not a psychiatrist or other physician with special knowledge in the care and treatment of emotionally disturbed persons, the ultimate responsibility for treatment and care of patients shall rest with a psychiatrist or other qualified physician who is directly accountable to the governing body.

3. The chief executive officer is responsible for:

- a. the general administration of the center or clinic within the policies, rules and regulations established by the governing body;
- b. the appropriate delegation of authority and responsibility and establishment of means of accountability on the part of subordinates;
- c. effective liaison between the governing body and the programs and staff of the center or clinic;
- d. providing the governing body and the staff with the information required for the proper discharge of their duties;
- e. sharing with the governing body and the staff the responsibility for providing high quality care for those who seek services;
- f. coordinating the standards review process and keeping the governing body informed of the results,

recommendations made, and actions necessary after the standards review;

g. such other responsibilities as the governing body may delegate.

D. Financing and Accounting Procedure

1. The governing body, through its chief administrative officer, shall provide for the control and use of the physical and financial resources of the center or clinic.

2. A budget should be approved by the governing body with participation of appropriate staff.

3. There shall be written policies and procedures for the control of accounts receivable and for the handling of cash.

4. There shall be written policies and procedures for collections of third party payments and documentation of attempts to collect same.

5. A current written schedule of rates and charges for all facility services shall be maintained and shall be available to all who use the services.

6. There should be an insurance program that provides the protection of the physical and financial resources of the facility.

7. There shall be written policies governing the control of inventories, including purchasing procedures and supply distribution.

8. An audit of financial operations of the facility shall be performed by an independent certified public accountant at least annually. (In the state system, audits of the legislative auditor shall satisfy this requirement.)

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§503. Goals, Policies, and Procedures

A. The Community Mental Health Center or Clinic shall formulate and specify in writing its goals, policies, and procedures so that its performance may be measured. Both short-term and long-term goals and plans shall be formulated. Goals, policies and procedures shall be evaluated periodically and shall relate to current operations of the facility.

B. The center or clinic must show in its written statement of goals, policies and procedures that the prevention and treatment of mental disorders, and the rehabilitation of persons suffering from these disorders, are the fundamental purposes of the facility.

C. Services of the center or clinic shall be available without regard to race, sex, creed, color, national origin, or ability to pay.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§505. Staff Composition and Organization

A. Composition

1. Composition of clinical staff shall be determined by the facility, based on an assessment of the needs of the community being served, the facility's goals, the programs provided, and applicable laws and regulations. The center or clinic shall clearly describe the basis for decisions related to staff size and assignment.

2. The staff shall be interdisciplinary, including but not limited to a physician (preferably a psychiatrist) who is responsible for directing and coordinating the medical care of patients, a social worker, a psychologist, and a registered nurse.

3. If the physician is not a psychiatrist, regular psychiatric consultation shall be provided. Supervision shall be provided by qualified professional personnel for all non-licensed and paraprofessional clinical staff.

B. Organization

1. The center or clinic shall have an organizational chart which specifies the relationships among the governing body, the director, the administrative staff, the clinical staff, and supporting services; their respective areas of responsibility; the lines of authority involved; and the types of formal liaison between the administrative and clinical staff. The organizational chart shall also reflect medical responsibility for the care of clients.

2. The administrative and clinical staff shall be organized to carry out effectively the policies and programs of the facility.

3. The organizational chart shall reflect relationships with affiliate agencies which provide services by these standards.

4. The organizational plan shall be reviewed at least annually.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§507. Personnel Policies and Records

A. Personnel policies and procedures shall be designed and established to promote the objectives of the center or clinic and to ensure that there is an adequate number of personnel to support high quality client care. The personnel policies shall be made available to all employees and discussed with each new employee.

B. There shall be written personnel policies including:

1. a general statement of center policies,
2. a general statement in regard to the authority and responsibility delegated to the center director;
3. methods of employment selection;
4. statements in regard to what actions or omissions constitute grounds for dismissal;
5. definitions of qualified mental health professionals;
6. a statement on the contents of personnel records, including documentation of in-service training, employment, and evaluations;
7. a statement on who has access to information in the personnel records;
8. statements on the setting of salaries, pay periods, and payroll deductions;
9. a statement on any required probationary period before permanent employment and any special terms or tenure in office;
10. a description of available retirement and insurance plans,
11. a statement on acceptable leave usage, leave accrual and holidays;
12. a statement on leave allowances for military obligations, jury duty, voting, and maternity;
13. a statement on the garnishment of wages and advancement of wages;
14. a statement on travel allowances, educational support, stipends and related procedures;
15. a statement on outside employment, private practice, and membership in professional organizations;
16. a statement on grievance or appeals procedures.

C. There shall be written procedures that provide for an employee to hear charges against him/her and to provide a defense in case of discipline or dismissal.

D. There shall be a written pay scale covering the various grades of positions and promotion steps within the grades for all clinic employees.

E. The performance of employees shall be evaluated at least annually and all pay scales and promotions shall be based on merit.

F. The center shall participate in the Social Security program or shall provide a retirement plan.

G. No applicants or employees shall be discriminated against by reasons of race, sex, age, creed, color, or national origin. All facilities shall have affirmative action programs. Facilities with 50 or more employees or facilities which receive \$50,000 or more annually in federal funds shall develop and implement written affirmative action programs.

H. There shall be a written job description for each position which includes the position title, the program or

unit, direct supervisor's title, degree of supervision, procedural responsibility, authority, salary range and qualifications. Job descriptions shall be available to the employees and reviewed at least annually.

I. Accurate and complete personnel records shall be maintained for each employee, including consultants. The personnel records shall contain support information documenting the reason for employment, the reason for promotions, the occurrence of at least an annual evaluation of performance, the documentation of any in-service training, and a job description.

J. There shall be regularly scheduled organized training programs for all center employees to update and enhance individual competencies and work effectiveness.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§509. Staff Development

A. There shall be appropriate programs of staff development for administrative, clinical and support personnel of the center or clinic.

B. Records shall be maintained indicating participation in such programs.

C. Staff development programs should include intramural activities as well as educational opportunities available outside the facility. Facility based programs shall be planned and scheduled in advance and held on a continuing basis. These activities shall be documented in order to evaluate their scope and effectiveness.

D. Staff development programs shall reflect all programmatic change in the facility and should contribute toward the preparation of personnel for greater responsibility and promotion.

E. There shall be appropriate orientation and training programs available for all new employees.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§511. Program Requirements

A. General

1. Community mental health centers shall provide for a comprehensive range of mental health services offered in a manner so that they are accessible to persons in need, and so that any person eligible for one element of services is eligible for all other elements of service, and that continuity of care is assured. Outpatient services and consultation and education services shall be offered directly by the center. Other services may be made available through appropriate written affiliation agreements provided that the affiliate

meets all requirements of these standards and complies with all pertinent local, state and federal laws and regulations.

2. Community mental health clinics may provide a more limited range of mental health services including at least outpatient treatment. However, if services mandatory for a center are not provided directly by the clinic, they shall be made available to residents of the area served by the clinic through the parent center. An appropriate current written plan shall be developed to assure the availability of such services through the parent center to residents of the area served by the clinic.

B. Elements of Service. Community mental health centers shall provide the following essential elements of service:

1. Inpatient Services

a. The inpatient facility shall be licensed under appropriate laws and regulations of the state of Louisiana.

2. Outpatient Services

a. A variety of outpatient services including both group and individual treatment shall be made available, based on an assessment of client demand and community need. In every case, outpatient services offered shall be planned based upon the individual needs of the patient derived from the assessment and documented in the treatment plan.

b. Outpatient services shall be promptly available during normal working hours. Clinics should additionally provide such services during evening hours for persons who are not able to utilize these services during normal working hours.

3. Partial Hospitalization Services

a. Partial hospitalization programs shall be utilized for one or more of the following purposes:

- i. as an alternative to inpatient care;
- ii. as a transitional program for rehabilitation of long-term patients;
- iii. as a maintenance program for long-term patients;
- iv. as an extension of outpatient services;
- v. as a diagnostic and observational procedure.

b. Purpose of the partial hospitalization program shall be clearly stated in writing, and factors related to the program such as hours of operation, physical plant, staffing pattern, and program shall be written and based upon the stated purpose.

c. There shall be at least one professionally qualified clinical staff member on duty in the partial hospitalization program during all hours that it is in operation.

4. Emergency Services

HEALTH AND HOSPITALS

a. The psychiatric facility shall have a written plan delineating the ways in which emergency services are provided for both physical and psychiatric emergencies. The emergency service may be provided by the facility or through clearly defined arrangements with another facility. When emergency services are provided by the facility itself, it shall be well organized, properly directed and integrated with the other services.

b. When emergency services are provided by an outside facility, the center shall delineate in its written plan the nature of emergency services available and the arrangements for referral or transfer to another facility. The written plan shall be available to all staff and shall clearly specify:

i. the staff of the center who are available and authorized to provide necessary emergency psychiatric or physical evaluations and initial treatment;

ii. the staff of the center who are authorized to arrange for referral or transfer to another facility when it is necessary;

iii. arrangements for exchange of records when important for the care of the patient;

iv. the location of the outside facility and appropriate personnel to be contacted;

v. the method of communication between two facilities;

vi. arrangements to ensure that a patient requiring both medical and psychiatric care who is transferred to a non-psychiatric service or facility will receive further evaluation and/or treatment of his psychiatric problem;

vii. details regarding arrangements for transportation, when necessary, from the psychiatric facility to the facility providing emergency services;

viii. the policy for referral back to the referring facility of those patients needing continued psychiatric care after emergency treatment.

c. The written plan shall include policies regarding the notification of the patient's family of emergencies which arise and the arrangements which have been made for referral or transfer to another facility.

d. The patients and families being served by the facility shall be informed of the plan for emergency services. All patients and families who are receiving partial day or outpatient services should be informed of whom to contact or where to go for emergency services when the facility is closed.

5. Consultation and Education

a. In order to enhance the continuity of the patient's life within the community, the center shall maintain positive relationships and liaison with general community resources, and shall enlist the support of these resources to participate

in community activities, as indicated. The facility shall participate in a network of other community services and shall be responsive to community needs. In serving patients and their families, the facility shall collaborate with other community resources. There shall be a well organized plan for the facility's involvement with the community.

b. The center shall assume responsibility for making mental health information available to the public, in conjunction with other health and social agencies. The center shall work in conjunction with other agencies to provide information about a wide variety of mental health topics, such as new treatment methods and services available, factors that help prevent mental illness, better understanding of social problems contributing to emotional stress, and preventive services that are available.

c. The center shall engage in preventive approaches to mental health problems in a manner appropriate to its functions and its own stated goals. The facility should be involved in prevention in collaboration with schools, clinics, hospitals, welfare services and other institutions and agencies in the total community mental health program. In this regard the facility should cooperate with local citizens groups and organizations, as well as consumer representatives.

d. The center shall offer professional education and consultation to others. This includes other members of the community, whether medical, educational, legal, law enforcement, clerical, social or welfare personnel, who are working with persons who have psychiatric disorders. The aim of this educational consultation program should be geared toward prevention and toward enhancing the ability of other personnel to understand and help those suffering from mental illness. Where such preventive, research, consultation, or education programs are provided for other agencies or individuals within the community, there shall be appropriate records, and sufficient time and appropriately qualified staff shall be available to ensure quality and effective services.

e. The center shall have an ongoing role relating to the total community in providing consultation and planning for the total life experiences of persons in its care, and shall coordinate its planning with that of other agencies with whom these persons and their families are involved.

6. Community mental health centers should additionally provide the following specialized services:

a. a program of specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison, and follow-up services;

b. a program of specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison, and follow-up services;

c. a program of assistance to courts, coroners, and other agencies for screening residents of the catchment area who are being considered for referral for inpatient psychiatric treatment, to determine if inpatient treatment is

indicated, and to provide for alternate treatment through the center when appropriate;

d. a program of follow-up care for residents of the catchment area who have been discharged from mental health facilities;

e. a program of transitional care including halfway houses, foster care, and other forms of community based residential care for mentally ill individuals who are residents of the catchment area and who have been discharged from a mental health facility or would, without such services, require inpatient care;

f. unless it is determined that there is not sufficient need, or that need is being met otherwise, the center should provide programs for:

i. the prevention and treatment of alcoholism and alcohol abuse and for the rehabilitation and treatment of alcohol abusers and alcoholics;

ii. the prevention and treatment of drug addiction and abuse and for the rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§513. Continuity of Care

A. Any person eligible for treatment within one element of services shall also be eligible for treatment within any other element of service.

B. Any patient within anyone element shall be transferred to any other element whenever such transfer is indicated by the patient's clinical needs.

C. Clinical information concerning a patient obtained within one element shall be made available to those responsible for that patient's treatment within any other element.

D. Those responsible for a patient's care within one element should, when practicable, continue to care for that patient within any of the other elements.

E. These requirements shall be met when the element of service is provided by an affiliate in the same manner as when the facility provides the services.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§515. Intake and Admission Policies

A. There shall be a written statement defining eligibility for services and clearly delineating intake or admission policies or procedures. The plan shall include descriptions of screening procedures, emergency care, crisis intervention,

walk-in services, or other brief or short-term services provided.

B. A waiting list for admission should be avoided.

C. The admission staff shall assess the need for outpatient treatment in relation to the patients' needs, the services of the facility, family and community resources, and other forms of intervention available.

D. The patient shall participate in the intake process to the extent appropriate and in the decision that treatment is indicated.

E. The patient or his legal representative shall sign an authorization for his treatment at the time of admission.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§517. Assessment and Treatment Planning

A. The assessment of each patient shall include clinical consideration of each of his fundamental needs: physical, psychological, chronological age, development, family, educational, social, environment and recreational. Reports indicating appropriate assessment input from responsible clinical staff shall be made a part of the patient's clinical record.

B. There shall be a current written treatment plan, based upon the assessment and evaluation of each patient, which shall include:

1. a diagnostic statement including psychiatric diagnosis as well as pertinent social and medical diagnostic information;

2. a statement of identified problems;

3. long and short-term treatment goals related to the problems;

4. treatment modalities to be utilized;

5. identification of persons assigned to carry out treatment; and

6. signatures of the physician authorizing the treatment plan.

C. The treatment plan shall be reviewed at least every 180 days and shall be modified as frequently as patient assessment indicates the need for change.

D. The treatment plan shall reflect appropriate multi-disciplinary input by the staff.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§519. Clinical Patient Records**A. Purposes**

1. Clinical patient records shall be written and maintained in order to:

- a. serve as a basis for planning for the patient;
- b. provide a means of communication among all appropriate staff who contribute to the patient's treatment;
- c. justify and substantiate the adequacy of the assessment process and to form the basis for the ongoing development of the treatment plan;
- d. facilitate continuity of treatment and enable the staff to determine, at a future date, what the patient's condition was at a specific time and what procedures were used;
- e. furnish documentary evidence of ordered and supervised treatments, observations of the patient's behavior, and responses to treatment;
- f. serve as a basis for review, study and evaluation of the treatment rendered to the patient;
- g. protect the legal rights of the patient, the facility, and clinical staff; and
- h. provide data, when appropriate, for use in research and education.

2. Where parents or other family members are involved in the treatment program, appropriate documentation shall exist for them although there may not have to be a separate record for each family member involved.

B. Content

1. While form and detail of the clinical record may vary, all clinical records shall contain all pertinent clinical information and each record shall contain at least:

- a. identification data and consent forms; when these are obtainable, reasons shall be noted;
- b. source of referral;
- c. reason for referral, e.g., chief complaint, presenting problem;
- d. record of the complete assessment;
- e. initial formulation and diagnosis based upon the assessment;
- f. written treatment plan;
- g. medication history and record of all medications prescribed;
- h. record of all medications administered by facility staff, including type of medication, dosages, frequency of administration, and person who administered each dose;
- i. record of adverse reactions and sensitivities to specific drugs;

j. documentation of course of treatment and all evaluations and examinations;

k. periodic progress reports;

1. all consultation reports;

m. all other appropriate information obtained from outside sources pertaining to the patient;

n. discharge of termination summary; and

o. plan for follow-up documentation of its implementation.

2. Identification data and consent forms shall include the patient's name, address, home telephone number, date of birth, sex, next of kin, school and grade or employment information, date of initial contact and/or admission to the service, legal status and legal documents, and other identifying data as indicated.

3. Progress notes shall include regular notations by staff members, consultation reports and signed entries by authorized, identified staff. Notes and entries should contain all pertinent and meaningful observations and information. Progress notes by the clinical staff shall:

- a. document a chronological picture of the patient's clinical course;
- b. document all treatment rendered to the patient;
- c. document the implementation of the treatment plan;
- d. describe each change in each of the patient's conditions;
- e. describe responses to and outcome of treatment; and
- f. describe the responses of the patient and the family or significant others to any significant intercurrent events.

4. The discharge summary shall reflect the general observations and understanding of the patient's condition initially, during treatment, and at the time of discharge, and shall include a final appraisal of the fundamental needs of the patient. All relevant discharge diagnoses shall be recorded and coded in the standard nomenclature of the current revision *International Classification of Diseases Adapted for Use in the United States*.

5. Entries in the clinical records shall be made by all staff having pertinent information regarding the patient. Authors shall clearly sign and date each entry. Signature shall include job title or discipline. When mental health trainees are involved in patient care, documented evidence shall be in the clinical record to substantiate the active participation of supervisory clinical staff. Symbols and abbreviations shall be used only when they have been approved by the clinical staff and when there is an explanatory legend. Final diagnoses psychiatric, physical, and social shall be recorded in full, and without the use of either symbols or abbreviations.

C. Policies and Procedures

1. The facility shall have written policies and procedures regarding clinical records which shall provide that:

- a. clinical records shall be confidential, current and accurate;
- b. the clinical record is the property of the facility and is maintained for the benefit of the patient, the staff and the facility;
- c. the facility is responsible for safeguarding the information in the record against loss, defacement, tampering or use of unauthorized persons;
- d. the facility shall protect the confidentiality of clinical information and communications among staff members and patients;
- e. except as required by law, the written consent of the patient, family or other legally responsible parties is required for the release of clinical record information; and
- f. records may be removed from the facility's jurisdiction and safekeeping only according to the policies of the facility or as required by law.

2. There shall be evidence that all staff have received training, as part of new staff orientation and with periodic update, regarding the effective maintenance of confidentiality of the clinical record. It shall be emphasized that confidentiality refers as well to discussions regarding patients inside and outside of the facility. Verbal confidentiality shall be discussed as part of employee training.

D. Maintenance of Records

1. Appropriate clinical records shall be directly and readily accessible to the clinical staff caring for the patient. The facility shall maintain a system of identification and filing to facilitate the prompt location of the patient's clinical record.

2. There shall be written policies regarding the permanent storage, disposal and/or destruction of the clinical records of patients.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§521. Referrals

A. The center or clinic shall refer patients under its care to other resources when the patient has special needs the center cannot provide for or when another resource may be able to provide for those needs more adequately.

B. Referral policies shall be stated in writing, reviewed at least annually, and signed and dated by the reviewer(s). Referrals for clinical services shall be made only to appropriately licensed, certified, or accredited facilities or

clinicians. Staff shall have current first-hand knowledge of resources used for referral purposes.

C. The patient and family, to the extent appropriate, shall participate in the referral process. Staff shall discuss with them the nature of the referral, its intent, and what it will involve. The reactions of the patient and family shall be explored and dealt with. The compatibility of any referral effort with the overall plan of treatment shall be considered. Provision shall be made for minimizing any negative effects that may be anticipated for the patient or family, and, to the extent feasible, there shall be continuity in the patient's program of treatment and care.

D. When persons who are not patients of the center or clinic seek services which the facility is not in a position to provide, the facility shall assist in referral to another resource. The facility shall work with other agencies to foster the development of an appropriate spectrum of services within the community, as well as a community referral system. When permanently transferring a patient to another facility, adequate reports shall be made available to that facility after appropriate releases are obtained.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§523. Volunteer Program

A. In mental health centers or clinics where volunteers are utilized, there shall be an organized volunteer program and an appropriately qualified and experienced professional clinical staff member assigned to select, evaluate, and supervise the volunteer activities. The objectives and scope of the program and the authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

B. In addition to receiving general direction and guidance from the volunteer coordinator, volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services. The volunteer coordinator shall:

- 1. assist staff in determining the need for volunteer services and in developing assignments;
- 2. plan and implement the program for recruitment of volunteers;
- 3. coordinate recruitment, selection, training, and referral of volunteers for placement in appropriate services or units;
- 4. inform staff as to proper, effective, and creative use of volunteers;
- 5. work to increase the readiness of salaries staff to effectively utilize volunteers;
- 6. keep staff and the community informed regarding volunteer services and activities; and
- 7. provide public recognition of volunteers.

C. There shall be an orientation program for all volunteers which shall familiarize them with the goals and programs of the facility and provide appropriate clinical orientation regarding the patients of the facility. The program shall include at least:

1. an explanation of the importance of confidentiality and protection of patients' rights; and
2. specific training in the type of work to be performed by the volunteer, with an explanation of the support system which exists within the facility.

D. Supervisory clinical staff shall be available to provide guidelines for volunteers in order to enhance volunteer-patient interactions and make the most effective use of this unique relationship. Communication practices shall insure that observations by volunteers are reported to the clinical staff responsible for the patients. Where appropriate, these observations shall be entered into the clinical record.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§525. Pharmaceutical Services

A. Provision of Services

1. The center or clinic shall provide or make formal arrangements for pharmaceutical services in accordance with applicable federal, state, and local laws and regulations. Facilities with a pharmacy which dispenses drugs for inpatient and/or outpatient use shall employ a registered pharmacist on a full-time or part-time basis. Facilities which do not maintain a pharmacy and which obtain drugs from a community pharmacy shall have a formal agreement with a registered pharmacist to provide consultation on a regular basis concerning the ordering, storage, administration, disposal, and recordkeeping of drugs throughout the facility.

2. The facility shall have a written statement describing the provision of pharmaceutical services to inpatients and outpatients.

3. Pharmaceutical policies and procedures shall include:

- a. provision of pharmacy services to inpatients and outpatients including storage, dispensing, administration, disposal, recordkeeping, and control of drugs in accordance with applicable federal, state, and local laws and regulations;
- b. the use of investigational drugs in the facility;
- c. the routine inspection of drug storage areas by the registered pharmacist;
- d. an automatic stop order policy for all drugs not specifically limited as to time or number of doses when ordered by the physician;
- e. the qualifications of persons authorized to administer drugs in the facility;

f. a procedure for reporting adverse drug reactions to the FDA;

g. the list of abbreviations and symbols approved for use in the facility;

h. recording of medication errors and adverse drug reactions and reporting them to the physician immediately;

i. provision for emergency pharmaceutical services;

j. functions and responsibilities of the pharmacist;

k. the use of controlled drugs in the facility; and

l. a list of physicians authorized to order medications for patients. The pharmacy manual shall be reviewed and revised at least annually.

B. Ordering, Dispensing, and Administration of Drugs

1. Medication shall be ordered only by the staff physicians and medical residents at the facility, dispensed only by a registered pharmacist, and administered only by appropriately licensed personnel.

2. Drugs shall be dispensed according to approved written policies and procedures and in accordance with federal, state, and local laws, and regulations. The pharmacist shall dispense from an original or a direct copy of the physician's order for medication.

3. Telephone and verbal orders for medications shall be given by an authorized physician only, and shall be accepted and written by another physician, a registered nurse, or a registered pharmacist; such action shall be limited to urgent circumstances. Telephone and verbal orders shall be signed by the responsible physician within 72 hours.

4. Orders involving abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols appear on a standard list approved by the staff physicians at the facility.

5. The pharmacist shall maintain for each patient an individual patient medication profile which records all medications (prescription and nonprescription) dispensed including quantities and frequency of refills in addition to other pertinent information. The pharmacist shall review the drug regimen of each patient at least monthly or routinely when medication orders are received for possible drug interactions, allergies, administration errors, etc., and document the review. It is recommended that the pharmacist be actively involved in a program for providing information concerning the safe use of drugs to outpatients and to patients being discharged from the facility and in in-service education programs to facility personnel.

6. Labeling of drugs used throughout the facility shall be the responsibility of the pharmacist. Medication labels shall include the name of the patient; the name of the prescribing physician, the name and strength of the drug; the manufacturer or the trade name of the drug dispensed, the date of dispensing, the name or initials of the dispensing pharmacist, the name, address, and telephone number of the

issuing pharmacy, the prescription number, and when applicable, the directions for use of the drug.

7. Drugs brought into the facility by patients shall not be administered unless they are identified and labeled by a staff physician or a registered pharmacist and written orders to administer these specific drugs are given by a staff physician at the facility. If the drugs brought into the facility by a patient are not to be used, they shall be packaged, sealed, stored, and returned to the patient, his parents, or the responsible party at the time of discharge, if such action is approved by a staff physician at the facility.

8. Self-administration of medications by patients in the inpatient element of service shall be permitted only when specifically ordered by a staff physician and supervised by a member of the clinic staff.

9. The facility shall have a policy on provision of medications for patients leaving the facility on a "pass" or being discharged from the facility.

10. Investigational drugs shall be used only in accordance with applicable federal, state, and local laws and regulations. When investigational drugs are used, a central unit shall be established where essential information is maintained, including dosage form, dosage range, storage requirements, toxicology, use and contraindications. Proper records of their use shall be maintained. Investigational drugs shall be properly labeled and shall be used only under the direct supervision of the principal investigator with the approval of the research review committee. Nurses may administer these drugs only after they have been given the basic pharmacological information about the drug.

C. Drug Storage and Preparations Areas

1. The facility shall have adequate and properly controlled drug preparation areas, as well as locked storage areas accessible only to authorized personnel. A registered pharmacist shall make inspections at least monthly of all drug storage areas including, where applicable, emergency boxes and emergency carts. A record of these inspections including suggestions for improvement shall be maintained in the facility in order to verify that:

- a. poisons and drugs for external use are stored separately from internal and injectable medications;
- b. all drugs and biologicals are properly stored;
- c. outdated and discontinued drugs are removed from stock promptly;
- d. distribution and administration of all drugs are adequately documented;
- e. metric-apothecary weight and measure conversion charts are posted at each drug preparation area and wherever else necessary; and
- f. there is an emergency drug kit which is:
 - i. readily available to staff yet not accessible to patients;

- ii. properly controlled to assure completeness of content at all times;

- iii. content determined by staff physicians and the registered pharmacist.

2. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Security requirements shall be maintained in accordance with federal and state laws and all drugs shall be kept under lock and key. Poisons and external use preparations shall be stored separately from internal preparations. Medications requiring refrigeration which are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment with proper security. Storage and recordkeeping of drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be maintained in accordance with federal and state laws and regulations. Antidote charts and the telephone number of the regional poison control center shall be kept at all drug storage and preparation areas.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R. S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§527. Laboratory and Pathology Services

A. Laboratory and pathology services shall be provided either within the center or clinic or by written agreement with an outside facility to meet the needs of patients.

B. When services are obtained from an outside facility, the facility shall be a hospital licensed by the state of Louisiana or an independent laboratory certified for Medicare by the state of Louisiana.

C. When laboratory services are provided within the facility, the facility shall meet federal certification standards for Medicare.

D. All patient laboratory or pathology tests shall be performed only upon written orders of a qualified physician, and reports for such tests shall be made a part of the patient's clinical record.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§529. Dietetic Services

A. Where applicable, there shall be an organized dietary department directed by qualified personnel and integrated with other departments of the center. Services shall be provided for the general dietary needs of the center, including the preparation of modified special diets.

B. There shall be one or more full-time registered dietitians or a part-time or consultant dietitian with therapeutic training giving a minimum of eight hours per

month in each facility which shall be sufficient to provide a food service meeting Division of Licensing and Certification section standards. A written contract between the facility and the consultant dietitian, and written records of each dietary consultation shall be on file in the administrator's office. In the absence of a full-time dietitian, there shall be a full-time qualified person responsible for directing the department's activities and integrating with other departments in the facility.

C. There shall be a systematic record of diets to be correlated with the medical records.

D. The dietary department shall have a dietary procedures manual containing objectives of the department, responsibilities of the department and its personnel, personnel policies, menu planning, food purchasing, food storage, care of equipment policies, and job descriptions.

E. All dietary personnel must obtain pre-employment and regular annual physical examinations to include serology, throat culture, and chest x-ray.

F. The dietary supervisor shall attend all routine department head meetings, help develop department policies and participate in the selection of dietary employees.

G. A dietitian or dietary consultant shall conduct dietary in-service training programs of the facility.

H. There shall be staff personnel on duty no less than 12 hours a day where applicable.

I. Facilities which contract with food management companies must comply with all dietary department rules and regulations of the Division of Licensing and Certification, Department of Health and Human Resources.

J. The facility shall provide sufficient desk space for proper planning. In addition, space must be available for the dietitian to provide private counseling or instruction as needed.

K. Acceptable isolation procedures for tray service in isolation areas shall be in writing and observed.

L. Dishwashing procedures shall be in writing and posted in the dishwashing area.

M. Written health inspections of the dietary department shall be on file within the facility.

N. Notation of compliance shall be given by the dietary supervisor to the facility administrator as to recommendations of the health inspector.

O. Sanitation and storage shall comply with state regulations governing sanitation for food establishments.

P. Diets

1. Menus shall be in writing, planned one week in advance, dated, posted, and corrected to read as served. They shall be filed as served for a period of six months and there shall not be more than 14 hours between the evening meal and breakfast.

2. Therapeutic diets shall be ordered, in writing, by the physician on the patient's chart. Nursing service shall order the diet, in writing, from the dietary department.

3. Trays shall be labeled with the patient's name and diet order.

4. A diet manual, approved by the state nutrition consultant, shall be available to dietary personnel at all times for reference.

5. If a full-time dietitian is not employed by the facility, the dietary consultant shall train the dietary supervisor in the use of the diet manual.

Q. The dietary department shall include the following facilities unless commercially prepared dietary services, meals, and/or disposables are to be used:

1. food preparation center which provide lavatory for handwashing purposes;
2. food serving facilities for patients and staff;
3. dishwashing room which provide commercial-type dishwashing equipment and lavatory;
4. potwashing facilities;
5. dry storage (three-day supply);
6. cart cleaning facilities;
7. cart storage area;
8. waste disposal facilities;
9. canwashing facilities;
10. dining facilities to provide 15 square feet per person seated;
11. dietitian's office;
12. janitor's closet to provide storage for housekeeping supplies and equipment, floor receptor or service sink; and
13. toilet room which is conveniently accessible for dietary staff.

R. If a commercial service will be used, dietary areas and equipment shall be designated to accommodate the requirements for sanitary storage, processing, and handling.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§531. Patient Rights

A. The clinic shall acknowledge the dignity and protect the rights of all patients and their families.

B. Each patient shall have the right to be served without discrimination as to age, sex, race, creed, color or national origin.

C. The patient and his family shall be encouraged to participate in the plans for treatment. The nature of treatment

and any specific risks involved shall be carefully explained, especially when the use of potentially hazardous drugs or somatic procedures is contemplated.

D. Except as required by law, no information, written or verbal, concerning the patient or his/her family shall be released or requested without a dated, signed, and witnessed statement made by the patient (or his agent) authorizing the clinic to do so. The statement of authorization shall indicate by name to whom or from whom information will be transmitted.

E. The rights and privacy of patients shall be safeguarded in regard to center or clinic visitors. Visits by educational or community groups shall be scheduled so as to minimally interrupt the patients' usual activities and therapeutic programs. Patients shall be informed of such visits in advance and cases shall never be discussed by name or within hearing of the patients.

F. Prior to using one-way mirrors, tape recorders, cameras, or audiovisual equipment for assessment, treatment, educational or evaluation purposes, center or clinic staff shall explain their function to the patient and receive his permission. There shall be written policies and procedures governing the use of such equipment to ensure confidentiality and protect the rights of patient against unauthorized disclosure of information.

G. Each request for service by an applicant shall be acknowledged. The applicant shall be notified whether or not service can be rendered and if not, what other resources might be available.

H. Each patient shall have the right to communicate freely with his/ her attorney and private physician and to have his/her case record made available to these individuals upon written request.

I. The following statement of patient rights enumerated in Louisiana Revised Statutes of 1950, 28:171, shall be adhered to as appropriate.

1. Every patient shall have the following rights regardless of adjudication of incompetency, a list of which shall be prominently posted in all hospitals or other treatment, evaluation and examination facilities. These rights shall also be brought to the attention of patients by such additional means as the Office of Hospitals (or its legal successors) may designate by regulations. Every patient shall have the right:

a. to wear his own clothes; to keep and use his personal possessions, including toilet articles; to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases; and to have access to individual storage spaces for his private use;

b. to correspond by sealed letter with people outside the hospital and to have access to reasonable amounts of letter writing materials and postage;

c. to be visited at all reasonable times;

d. to be employed at a useful occupation depending upon the patient's condition and available facilities;

e. to sell the products of his personal skill and labor at the discretion of the superintendent and to keep the proceeds thereof or to send them to his family;

f. to be discharged as soon as he has been restored to reason and has become competent to manage his own affairs. The medical director or superintendent of the treatment facility shall have the authority to discharge the patient without the approval of the court which committed him to the treatment facility;

g. to be visited in private by his attorney at all times;

h. to request an informal court hearing to be held within five days of receipt of the request. If the patient does not have an attorney of his own, the court shall appoint an attorney who shall represent the patient at the hearing. The purpose of the hearing shall be to determine whether or not the patient should be discharged from treatment;

i. to apply for a writ of habeas corpus;

j. to be visited and examined at his own expense by a physician designated by him or a member of his family or a near friend. The physician may consult and confer with the medical staff of the treating facility and have the benefit of all information contained in the patient's medical record.

2. The medical director or superintendent of the treating facility may for good cause only, deny a patient's rights under this Section, except that the rights enumerated in Clauses f, g, h, i and j shall not be denied under any circumstances.

3. A statement explaining the reasons for any denial of a patient's rights shall be immediately entered in his treatment record.

4. Each patient shall be entitled to exercise the right to dispose of property, execute legal instruments, enter into contractual relations and vote, unless he has been judged incompetent by a court and has not been restored to legal competency.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§533. Research and Human Rights Review

A. Centers or clinics whose goals include clinical research involving human subjects shall have a research review and/or human rights committee established by the governing body which shall insure that clinical research projects are carried out only if and when the general importance and the importance to the subject is proportionate to the risks and side effects to the subject.

B. The committee shall study each research proposal in advance of its implementation and state in writing the determination of acceptance or rejection of the proposal.

C. No person shall be the subject of clinical research without his knowledge and consent.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§535. Quality Assurance

A. Evaluation

1. The staff and administration shall work toward enhancing the quality of patient care through specified documented, implemented, and ongoing processes of quality assurance mechanisms. The quality of care shall be the responsibility of each member of the clinical staff, the clinical supervisory and leadership personnel, and the administration.

2. Formal quality assurance activities shall consist of three coordinated but distinct processes: individual case review procedures; clinical care evaluation studies; and utilization review. The organization of these review processes is dependent upon and varies with the goals, size, organizational structure, complexity, and resources of the facility.

B. Individual Case Review/Multidisciplinary Treatment Planning

1. Clinical case review meetings shall be held in regard to each patient frequently enough to ensure that each individual patient shall have a case review no later than one month after initiation of active treatment; subsequently at least every six months during the course of active treatment; and prior to termination of treatment. Individual case review shall be reflected and documented in the individual case record.

C. Clinical Care Evaluation Studies

1. The facility should conduct studies of aggregate patterns of patient care in order to identify gaps and deficiencies in service and determine efficacy of treatment; to define standards of care consistent with the goals of the facility; to identify individual cases which deviate from the standards; and to establish new methods based upon knowledge gained from such studies.

2. Written reports of such studies should be made to the chief administrative officer and to appropriate clinical staff.

D. Utilization Review

1. Each facility shall have a plan for and carry out utilization review. The overall objective shall be to maintain a high quality of patient care, achieve cost efficiency, and increase the effective utilization of the facility's services through the peer group study of patterns of care, the

development of empirical standards and the dissemination of the results of these studies to the staff. The facility shall choose and carry out a plan consistent with its own goals, size, organization and complexity. The plan shall be reviewed at least annually and signed and dated by the reviewer(s).

2. The utilization review shall cover the appropriateness of admission to services, the provision of certain patterns of services, and duration of services. Criteria shall be set for: selection of the cases to be reviewed and the means of sampling; duration of treatment; and the process of active treatment. The reviews may be carried out as a special function or combined with other quality control reviews, but meetings including utilization reviews shall be held at least monthly and records shall be kept.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§537. Facilities Management

A. Basic Requirements

1. The buildings and the environment for mental health centers and clinics shall be constructed, maintained, and furnished in accordance with the provisions of applicable federal, state, and local laws and codes and amendments thereto.

2. The environment, including the use of the building(s), furnishings, decorations, and grounds of each facility shall be commensurate with the facility's treatment philosophy.

3. The facility shall be so located as to be near and readily accessible to the community and populations to be served.

4. Appropriate equipment and furnishings which are suitable for the type of treatment and services being conducted shall be installed and maintained.

B. Physical Environment. Emphasis is to be given to requirements which would pertain to the needs of patients and personnel housed in the facility. Items to be included but not limited to are designated herein:

1. buildings, the facility will provide a physical plant which is both safe and functional:

a. solidly construction with current approvals from state and local authorities;

b. patient and personnel safeguards;

c. isolation and detention facilities were applicable;

d. adequate floor space in sleeping, eating, treatment, and activity areas where applicable;

- e. emergency power, gas, and water supply where applicable;
- f. proper laundry and disposal facilities where applicable;
- g. adequate corridor widths; and
- h. provision of adequate parking space.

C. Sanitary Environment. The facility shall provide and maintain a sanitary environment to avoid sources and transmission of contamination and infections.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§539. Fire Control and Disaster Plan

A. Fire Control. The mental health center or clinic will maintain its premises free from fire hazards and promote a safe environment. Items to be included but not limited to are designated herein:

- 1. regular approval by inspectors;
- 2. fire prevention programs with fire control plans;
- 3. fire resistive buildings and/or sprinklers as required;
- 4. fire extinguishers;
- 5. rules for storage and handling of flammable agents;
- 6. proper storage facilities;
- 7. proper trash handling; and
- 8. provision and maintenance of adequate exits and exit ways.

B. Disaster Planning

1. Each facility shall have a written plan that specifies the agencies, organizations, and procedures for meeting potential emergencies and disasters, such as fire and natural disasters.

2. The plan shall provide for at least the following provisions:

- a. the assignment of staff personnel to specific tasks and responsibilities;
- b. individual instructions concerning the use of alarm systems, methods of notification of proper authorities and occupants of the building, and the proper use of special emergency equipment;
- c. information and instructions relative to the methods of fire prevention and containment;
- d. designation of escape routes and procedures;
- e. orientation and information concerning the location of emergency equipment; and

f. other emergency measures which may be unique for specific areas of the state.

3. The written "fire control and disaster plan" and procedures shall be posted in conspicuous locations throughout the facility, and a copy shall be made available to all staff members.

4. There shall be documented information that fire drills are held at least quarterly on all shifts of the facility, at unannounced times, and under a variety of conditions in order to evaluate the effectiveness of the plan and procedures.

5. Shall meet minimum standards as required by the state fire marshal.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§541. Annual Review of Community Mental Health Centers

A. It shall be the responsibility of each facility to conduct an annual survey for the mental health needs of the catchment area and to provide to the state mental health authority an annual written report on steps undertaken to meet those needs which will include:

- 1. a review of changes occurring in the catchment area relating to community mental health programs;
- 2. a delineation of community needs and requirements in the future;
- 3. a description in writing of each center's goals and objectives based on response to the needs of the population for that catchment area updated for that year;
- 4. the statistical, clinical, fiscal, administrative, and operational information outlined in these standards.

B. At least annually, representatives from the state mental health authority will conduct an on-site visit of each community mental health facility. Such a site inspection of physical facilities, interviews with staff, audit of financial records, etc., is deemed appropriate by the state mental health authority to assure compliance with all standards covered in this manual.

1. Upon completion of the annual review based on previously submitted written reports and information gathered during a site visit, each center shall receive a report on that review from the state mental health authority, a copy of which will be submitted to the regional office of the National Institute of Mental Health with one copy filed in the office of the state mental health authority.

2. Each report will note the manner in which each facility is meeting the requirements outlined above any deficiencies, recommendations for compliance, outstanding features, etc.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§543. Enforcement of Standards

A. If, as a result of the annual review, any center or clinic is found to be deficient in compliance with the standards established by the state mental health authority as set forth above, it shall then be the responsibility of the director of mental health or his designated appointee to provide consultative services to that facility or to utilize whatever other means may be deemed necessary to bring such centers or clinics within full compliance of the established standards at the earliest possible time.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§545. Definitions

Administrative Staff—the personnel who are primarily involved in management functions of the facility.

Admission—see intake or admission.

Assessment—clinical consideration and evaluation of a patient which may, but does not necessarily, include examinations and tests determined to be necessary by the professional clinical staff, based on the needs of the individual patient.

Clinical Staff—the personnel of the facility who are primarily directly involved in patient care and treatment services.

Community—the people, groups, agencies, and other facilities within the locality served by the psychiatric facility.

Community Mental Health Center—a facility operated under public or private non-profit auspices and providing a range of mental health services including but not limited to inpatient, outpatient, partial hospitalization, emergency, and consultation and education, to residents of a specific catchment area designated in the Louisiana Comprehensive Mental Health Plan.

Community Mental Health Clinic—a facility operated under public or private non-profit auspices and providing some elements of mental health service including at least outpatient services to residents of an assigned geographic area (usually smaller than a catchment area). Generally community mental health clinics are subordinate units of mental health centers, and essential services not available at the clinic are available to the population served by the clinic through the parent center or its affiliates.

Consultant—one who provides professional advice or service upon request.

Consumer—the individual or community of individuals whose psychiatric needs are served by the facility either directly or indirectly or both.

Discipline—a system of rules, concepts, procedures, and philosophy that collectively describe a distinctive methodology in the areas of assessment and/or treatment of individuals with emotional or behavioral disorders or deviations.

Drug Administration—an act in which a single dose of an identified drug is given to a patient for immediate consumption.

Drug Dispensing—the issuance of one or more doses of prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information needed to facilitate correct patient usage and drug administration.

Follow-Up—maintenance of contact with a former patient, collection of information regarding a patient or reexamination of a patient following assessment and/or therapy.

Inpatient Facility—any facility or service offering 24-hour care to patients, regardless of the number of days per week the program is in operation. Examples are psychiatric hospitals, psychiatric units of general hospitals, and free-standing inpatient units in mental health centers.

Intake or Admission—the formal acceptance of an individual for assessment and/or therapeutic services provided by the facility.

May—term used in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

Outpatient Service—any service providing individuals psychiatric treatment for emotional, mental, or behavioral problems without their admission to a partial day or inpatient service. The usual procedure involves periodic visits of a relatively short duration.

Partial Hospitalization—any service whose primary purpose is to provide a planned therapeutic milieu and other care and treatment services. The services are designed for nonresidential patients who spend only a part of a 24-hour period in the programs of the facility. Examples are day hospitals and night hospitals.

Physician—an individual with an M.D. degree who is licensed to practice medicine in all its phases.

Professional Staff—the personnel of the facility, either administrative or clinical, who are qualified by specific training and whose services or practices are governed by technical and ethical standards.

Program—a structured set of clinical activities designed to achieve specific objectives relative to the needs of the patients served by the facility.

Psychiatric Facility—an organization with a governing body, its own administration, and a mental health

professional staff, and having as a primary function the assessment and/or treatment and rehabilitation of persons with emotional and/or behavioral disorders and/or deviations or disturbances in their development, and in which there are psychiatrists or other physicians who assume medical responsibility for all persons under the care of the facility. In any facility where medical responsibility for psychiatric patients rests with physicians other than psychiatrists, such physicians should have training or experience and demonstrated competence in caring for psychiatric patients.

Psychiatrist A doctor of medicine who specializes in the assessment and treatment of persons having psychiatric disorders, and who is fully licensed to practice medicine in the state in which he so practices. The individual shall have completed an approved three-year residency in psychiatry.

Psychologist An individual who has a doctoral degree in psychology from a program in clinical psychology approved by the American Psychological Association; or who has been certified in the appropriate specialty by the American Board of Professional Psychology; or who has been licensed by the state examining board.

Registered Nurse A nurse who is a graduate of an approved school of nursing and who is licensed by the state of Louisiana to practice as a registered nurse.

Research Organized program(s) directed towards the investigation and evaluation, whether basic or applied, of subjects related to the prevention, diagnosis, and treatment of psychiatric illness.

Shall or Must Term used to indicate a mandatory statement, the only acceptable method under the present standards.

Should Term used in the interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternates.

Social Worker An individual who is a graduate of an accredited graduate school of social work.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

Chapter 9. Client Services

§901. Problem Gambler Telephone Information Service

A. The Office of Mental Health of the Department of Health and Hospitals shall provide a 24-hour, toll-free telephone information and referral service for persons with compulsive or problem gambling behavior. The Office of Mental Health shall make information available to the public regarding the program and services by providing signs to the Louisiana Lottery Corporation. The corporation shall require posting of these signs at lottery retail outlets, where gambling or gaming activities are conducted, at horse racing tracks and at charitable bingo parlors.

B. The format of the sign thus provided shall read:

If gambling is causing problems in your daily life, or, if you think you may have a problem controlling your gambling, you may need help. Call this 24-hour, toll-free number to find out about services available in your area.

1-800- -

Pursuant to R.S. 36:258(C)

Assistant Secretary
Office of Mental Health

AUTHORITY NOTE: Promulgated in accordance with R.S. 28:841 and R.S. 36:258(C).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Mental Health, LR 21:468 (May 1995).

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